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	Application Number	10/600,078	
	Filing Date	June 20, 2003	
	First Named Inventor	Richard Rollin	
	Art Unit	3761	
	Examiner Name	Catharine L. Anderson	
Total Number of Pages in This Submission		14	
Attorney Docket Number			1801/88


ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Postcard Receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE


				Small Entity		Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	
Total		Minus	(20)	0	x \$25=	0	
Indep.		Minus	(3)	0	x \$100=	0	
First Presentation of Multiple Dep. Claim					+\$180=	---	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Attorney for Applicant Steven B. Courtright, Reg. No. 40,966 Agent for Applicant BANIAK, PINE, AND GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature		Date	July 19, 2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment; Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

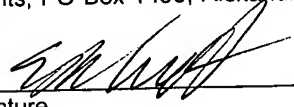
Signature		Date:	July 19, 2006
Michael H. Baniak Steven B. Courtright			



PATENT
Case No. 1801/88

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Signature

July 19, 2006
Date of Signature

Steven B. Courtright
Typed or Printed Name of Person Signing Certificate

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/600,078
Applicant(s) : Larry D. Annis
Richard Rollin
Filed : June 20, 2003
TC/A.U. : 3761
Examiner : Catharine L. Anderson
Docket No. : 1801/88
Title : Connector Device

Confirmation No. 6850

AMENDMENT

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

This is responsive to the Examiner's Action dated April 21, 2006. Please reconsider the rejection of the Claims in view of this Amendment and the following Remarks.